## **CHILMARK PERFORMANCE EVALUATION**

(Use additional space as needed)

EMPLOYEE NAME:		DUE DATE:
POSITIO	ON TITLE:	
Please identify the the past year.	major tasks or activities that	this employee performed during
tasks identified ab	detail how well this employee love. (Please highlight signific mproved performance is nece	cant accomplishments, as well as
Detail the major gover the next year		this employee should concentrate
4. Is the job descript	ion for this employee's positio	on up-to-date? Yes or No.
5. Employee comme objectives for futu		w, its conclusions and goals and
Supervisor Signature	Date	
Employee Signature	 Date	<del></del>

## TOWN OF CHILMARK STEP INCREASE FORM

Step Increase	Approved:		
	Not Approved:		
D			
Department Head/Superv	/Isor(s):		
Name:			
Signature:			
Title:			
Employee:			
Name:			_
Title:			-
Signature:			
Town Accountant:		Town Treasurer	